

2007 Health Plan Rate Table					
Eligibility Workers Unit (AFSCME)					
	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
HEALTH PLAN AND ENROLLMENT STATUS	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
PREMIER WELLWISE*					
EMPLOYEE ONLY	\$607.71	\$598.16	\$14.02	\$314.27	\$145.05
EMPLOYEE / 1 DEPENDENT	\$1,069.57	\$839.68	\$123.41	\$415.15	\$319.35
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,507.12	\$1,176.17	\$173.90	\$582.36	\$447.97
PREMIER SHAREWELL**					
EMPLOYEE ONLY	\$214.98	\$284.00	(\$31.86)	\$214.98	\$0.00
EMPLOYEE / 1 DEPENDENT	\$353.08	\$411.74	(\$27.07)	\$132.41	\$101.85
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$455.95	\$505.81	(\$23.01)	\$170.98	\$131.52
KAISER					
EMPLOYEE ONLY	\$311.16	\$295.60	\$7.18	\$155.58	\$71.81
EMPLOYEE / 1 DEPENDENT	\$622.32	\$466.74	\$71.81	\$233.37	\$179.52
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$880.58	\$660.44	\$101.61	\$330.22	\$254.01
CIGNA					
EMPLOYEE ONLY	\$356.04	\$338.24	\$8.22	\$178.02	\$82.16
EMPLOYEE / 1 DEPENDENT	\$703.72	\$527.79	\$81.20	\$263.90	\$203.00
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$979.16	\$734.37	\$112.98	\$367.19	\$282.45
* County cost includes Wellwise incentive					
** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)					

(Effective every pay period beginning with pay period 01'07, January 12, 2007)